

STUDENTS WITH SPECIAL HEALTH NEEDS

STATEMENT OF PURPOSE:

Schools must provide all students free and appropriate public education in the least restrictive environment.

AUTHORIZATION/LEGAL REFERENCE:

- 16 V.S.A. Chapter 99 § 2901 – Success for all students in the general education environment
- 16 V.S.A. Chapter 99 § 2902 – Educational support system
- 16 V.S.A. Chapter 99 § 2904 - Reports
- 16 V.S.A. Chapter 101 § 2941-2942 – Special education definitions
- 26 V.S.A. Chapter 28 – Nurse Practice Act
- 33 V.S.A. Chapter 43 § 4305 – Coordinated system of care
- 29 U.S.C. § 504 and § 794 – Nondiscrimination under federal grants and programs
- State Board of Education Manual of Rules and Practice, Section 1251 - Reasonable Accommodations
- State Board of Education Manual of Rules and Practice, Section 1252 - Instruction for Homebound and Hospitalized Students

DEFINITIONS:

Individualized Health Care Plan – a plan which delineates:

- a) The student's health care needs, related adaptations required in school and the individuals responsible for service delivery and assuring safety.
- b) Designation of school liaison for family.
- c) Time specifications for review and evaluation of the plan.

REQUIRED SCHOOL NURSE/ASSOCIATE SCHOOL NURSE ROLES:

1. Be knowledgeable of health conditions and related health care procedures.
2. Assist the family to identify the student's health related barriers to learning.
3. Communicate with health care providers to exchange relevant information.
4. Establish an Individual Health Care Plan (IHP) and protocols based on the student's identified needs.
5. Delegate health care tasks as indicated using established protocols.
6. Provide training, supervision and evaluation for personnel meeting the needs of specific students.

SUGGESTED SCHOOL NURSE ROLE:

Participate on IEP, 504 and ESS teams.

RESOURCES:

- American Diabetic Association – <http://www.diabetes.org>
- Arnold, M. J., & Silkworth, C. K. (Eds.). (1999). The School Nurse's Source Book of Individualized Healthcare Plans Vol. II. North Branch, MN: Sunrise River Press.
- Asthma and Allergy Foundation of America – <http://www.aafa.org/>
- Epilepsy Association of Vermont – P.O. Box 6292, Rutland, VT 05702, 802-775-1686
- Epilepsy Foundation of America – www.efa.org
- Hass, M. (Ed.). (1993). The School Nurse's Source Book of Individualized Healthcare Plans Vol. 1. North Branch, MN: Sunrise River Press.
- Hootman, J. (1996). Quality Nursing Interventions in the School Setting: Procedures Models, and Guidelines. Scarborough ME: National Association of School Nurses.
- National Association of School Nurses website - <http://www.nasn.org/>
- Ruston, C. H., Will, J.C., & Murray, M.G. (1994). To Honor and Obey – DNR Orders and the School. Pediatric Nursing, 20 (6), 581-585.
- Schwab, N, & Gelfman, M.H. (2001). Legal Issues in School Health Services. North Branch , MN: Sunrise River Press
- Section 504 of the Rehabilitation Act of 1973 & Vermont Schools. (2002). Montpelier, VT: Vermont Department of Education.
- Vermont Association for the Blind and Visually Impaired - <http://www.vabvi.org>
- Vermont Department of Health - Division of Health Improvement: Children with Special Health Needs - <http://www.healthyvermonters.info/hi/cshn/cshn.shtml>
- Vermont Department of Health - Division of Health Improvement: Children with Special Health Needs – Hearing Health and Communications Program
- Vermont Department of Health Diabetes Control Program. (1999). Recommendations for Management of Diabetes for Children in School. Burlington, VT: Vermont Department of Health.
- Vermont Department of Health. (2003). Managing Asthma at School. Vermont Department of Health.
- Vermont Division for the Blind and Visually Impaired - <http://www.dad.state.vt.us/dbv>

SAMPLE POLICES, PROCEDURES AND FORMS:

- Do Not Resuscitate Orders (DNR)
 - Emergency Form for Children with Special Needs
 - Helping Hard of Hearing
 - Individual Health Plan
 - Sample Student Accommodation Plan
-

DO NOT RESUSCITATE ORDER

Student's Name _____

(Please Type or Print)

Date of Birth: ____ / ____ / ____

Gender: ☐ Male ☐ Female

Physician's Name: _____ Telephone: _____

Physician's Address: _____

We hereby direct _____ School's personnel to withhold cardiopulmonary resuscitation (CPR), artificial ventilation, or other related life sustaining procedures in the event of cardiac or respiratory arrest of the aforementioned child.

We understand that palliative care in the form of: control of bleeding, airway maintenance, appropriate nutrition, control of pain, positioning for comfort and other measures to ensure general comfort will be provided, as previously ordered, or as indicated by school procedures. When authorized by physician order and parental permission on the standard medication form, prescription medications will also be provided.

Other measures that are allowable are:

____ Suctioning as necessary, using _____ Fr. catheter at _____ ml. water
____ Oxygen administration, as needed, via _____ at _____ mm. mercury
____ Other: _____

We understand that the Emergency Medical Services System (911) will be activated in response to a real or perceived emergency occurrence at school.

In the event of cardiorespiratory arrest at school, the following persons should be notified, in this order:

1. _____ Telephone: _____
2. _____ Telephone: _____
3. _____ Telephone: _____
4. _____ Telephone: _____

We understand that this order must be renewed every six months.

Other comments: _____

Date_____
Physician Signature_____
State License Number_____
Date_____
Parent/Guardian Signature

Emergency Information Form for Children With Special Needs



American College of
Emergency Physicians*

American Academy
of Pediatrics



Date form
completed
By Whom

Revised

Revised

Initials

Initials

Name:		Birth date:		Nickname:	
Home Address:			Home/Work Phone:		
Parent/Guardian:			Emergency Contact Names & Relationship:		
Signature/Consent*:					
Primary Language:			Phone Number(s):		
Physicians:					
Primary care physician:			Emergency Phone:		
			Fax:		
Current Specialty physician: Specialty:			Emergency Phone:		
			Fax:		
Current Specialty physician: Specialty:			Emergency Phone:		
			Fax:		
Anticipated Primary ED:			Pharmacy:		
Anticipated Tertiary Care Center:					

Diagnoses/Past Procedures/Physical Exam:	
1.	Baseline physical findings:
2.	
3.	Baseline vital signs:
4.	
Synopsis:	Baseline neurological status:

STUDENTS WITH SPECIAL HEALTH NEEDS

Diagnoses/Past Procedures/Physical Exam continued:

Medications:

Significant baseline ancillary findings (lab, x-ray, ECG):

1.

2.

3.

4.

5.

6.

Prostheses/Appliances/Advanced Technology Devices:

Management Data:

Allergies: Medications/Foods to be avoided

and why:

1.

2.

3.

Procedures to be avoided

and why:

1.

2.

3.

Immunizations (mm/yy)

Dates							Dates						
DPT							Hep B						
OPV							Varicella						
MMR							TB status						
HIB							Other						

Antibiotic prophylaxis:

Indication:

Medication and dose:

Common Presenting Problems/Findings With Specific Suggested Managements

Problem

Suggested Diagnostic Studies

Treatment Considerations

Comments on child, family, or other specific medical issues:

STUDENTS WITH SPECIAL HEALTH NEEDS

Physician/Provider Signature:

Print Name:

HELPING THE HARD OF HEARING PUPIL IN THE CLASSROOM

Children with a hearing loss are found occasionally in the school room by periodic audiometer testing or through the alertness of a teacher or nurse. Their hearing deficit varies in degree of severity. The hearing loss may be temporary, permanent or progressive.

Accommodations are made for students demonstrating a hearing loss, so that they may participate in all aspects of the educational program. Their needs are determined and arranged for through a conference of principal, nurse, teacher, psychologist, doctor and adviser in special education, who investigate the educational, personality and medical aspects of each case. Particular needs of each child govern the type of adjustment recommended.

A child having a moderate, permanent hearing deficiency may be seated closer to the teacher. The conferees may decide that the child needs lip-reading, as well as special seating. Another child may have lost his/her hearing at such an early age that special coaching in arithmetic, language, spelling or other subjects may be needed.

Children who have been especially designated for special seating or attention achieve more easily if the teacher observes some simple precautions. The following suggestions have been tried and found helpful:

1. The child with a hearing loss should be seated near the teacher in the front of the room. He/she should be allowed to shift his/her seat in order to follow the change in routine. This position will enable the child to see the teacher's face and to hear his/her voice more easily.
 2. If the child's hearing loss involves only one ear, or if it is definitely greater in one ear than the other, seat the child in a front, corner seat so that his/her better ear is toward the class. Where both ears have the same loss, center placement is needed.
 3. The child should be encouraged to watch the teacher whenever he/she is talking to the class.
 4. During seat recitations, let the hard-of-hearing child turn around and face the class so he/she can see the lips of the reciter.
 5. Whenever reports are given or during homeroom and class meetings, have the children stand in front of the class so that the hard-of-hearing child can see the lips of speakers.
-

6. The hard-of-hearing child must see your lips, therefore:
 - a. Don't talk while writing on the blackboard.
 - b. Don't stand with your back to the window while talking, (shadow and glare make it difficult to see your lips.)
 - c. Keep your hand and books down from your face while speaking.
 - d. Stand still while speaking and in a place with a normal amount of light on your face.
 - e. Conduct class recitations and discussions from the front of the room.
 - f. Be sure you have the child's attention before you give assignments or announcements.
 - g. Don't expect the child to hear the assignments given without warning from a remote corner of the room while he/she is busy doing something else.
 - h. Particular care must be used in dictating spelling. Use the words in sentences to show which of two similar words is meant, i.e. "Meet me after school" and "Give the dog some meat." Thirteen words look like "meat" when spoken such as been, bead and beet. The word "king" shows little or no lip movement. Context of the sentence gives the child the clue to the right word. Have the hard-of-hearing child say the words to himself/herself before a mirror while studying the spelling lesson.
 - i. Ask the child if he/she understands after an extensive explanation of arithmetic problems or class discussion. Write key words of an idea or lesson on the chalkboard or on a slip of paper.
 - j. Speak naturally. Don't exaggerate or over-emphasize. Gestures are distracting.
 - k. If the hard-of-hearing child misunderstands, restate the question in a different way, as the chances are you are using words with invisible movements. Be patient and never skip the child. Be sure that things do not get past him/her.
 - l. Give the child a chance to read ahead on the subject to be discussed. If he/she is familiar with the vocabulary it is easier to follow along.
 - m. As the child acquires skill in lip reading, insist that he/she catch the assignments promptly. This will help him/her over difficult spots.
 7. If the young hard-of-hearing child is poor in reading, chances are he/she needs basic phonics to improve both reading and speech.
 8. Teach the child to use the dictionary with skill; to learn the pronunciation system so he/she can pronounce new words.
 9. Build up the child's vocabulary by assigning supplementary materials.
-

10. We are likely to over-estimate the hearing efficiency of a child with a hearing loss because when he/she is paying close attention he/she apparently hears quite well. It is to be remembered that this child is hearing at the expense of a greater effort than the child expends who has normal hearing. It is to be expected that it will be more difficult to hold the attention of the hard-of-hearing child. Never forget that the hard-of-hearing child gets fatigued sooner than other children because he/she not only has to use his/her eyes on all written and printed work, but also watch the lip movements of speakers.
 11. Hearing of children varies, so don't think that inattention is always deliberate. Some children hear well in the fall, but are hard-of-hearing in the winter.
 12. Encourage the child to participate in musical activities. This will stimulate residual hearing and add rhythm to speech. Have the child sit near a good singer. Explain the purpose of the seating to the latter. The hard-of-hearing child should participate in vocal music and choral reading.
 13. A severe hearing loss that lasts over a period of time tends to result in a dull, monotonous voice and inaccurate enunciation. Therefore, that child should be encouraged to speak clearly. Keeping the child "speech conscious" will help him/her to resist the usual damage to the voice that a severe hearing loss produces. Don't let the child get the habit of shaking his/her head or speaking indistinctly instead of answering in complete sentences.
 14. Since a hearing impairment affects the language processes, the child should be encouraged to compensate by a more active interest in all language activities; reading, spelling, original language, etc.
 15. Enlist class cooperation in understanding the child's problem. Designate a student to be a helper in assignments so that someone knows the child is on the right page and doing the right exercise.
 16. If a choice of teachers is possible, the child with a hearing loss should be placed with the teacher who enunciates clearly.
 17. The child should be observed carefully to be sure that He/she is not withdrawing from the group or is not suffering a personality change as a direct result of the hearing loss. Be sure the child is "one of the gang."
-

18. Be natural with the hard-of-hearing child. He/she will appreciate it if he/she knows you are considerate of the hearing loss
19. In the lower grades, watch particularly that the child does his/her part and is not favored or babied.
20. Encourage the child to do their best. Maintain the child's confidence in you so he/she will be quick to report any difficulty.
21. Parents should know the truth about a child's achievement.
22. The child needs special encouragement when he/she passes from elementary to junior high school and later into senior high. The pace is swifter. There is much more discussion. Pupils relate to five or more instead of one teacher.
23. The Hearing Aid
 - a) Where a hearing aid has been suggested, see that the child wears it regularly, and that it is kept in good repair. In the early adjustment stages, this is perhaps the most valuable service you can render the child. (To check whether the instrument is working, remove the ear piece and place it against the microphone. You should get a whistling noise. If not, the battery, cord, or the instrument itself may be defective. Notify the parents.
 - b) If a child's hearing aid "whistle's" or "squeals"
 - (1) check the ear piece to make sure it is "in" properly;
 - (2) if the child is too close to the wall, window, or blackboard, move him/her away, since hard, smooth surfaces are highly reflective;
 - (3) the child's ear may be too close to the hearing aid itself caused by lowering his head.
 - (4) and, the volume may be too high. (He/she may have turned it up accidentally.)
 - c) He/she may need to be encouraged to keep the aid turned on. Some who are making a poor adjustment to wearing an aid, may have the ear piece in the ear but do not "tune in" because they fear "noises". They need to be encouraged to try to adjust to hearing.
25. ALL SPECIAL CONSIDERATIONS THAT ARE SHOWN THE HARD-OF-HEARING SHOULD BE HANDLED SO AS NOT TO CALL ATTENTION TO THE DEFICIT.

CONFIDENTIAL
INDIVIDUALIZED HEALTH PLAN

Last Name First Name Date of Birth

Grade/Teacher Physician

Date-Plan was written Name of Nurse

EMERGENCY PHONE NO. : 1. _____
& ORDER TO CALL 2. _____

Condition Date of Last Episode

Medication

SYMPTOMS SCHOOL PERSONNEL SHOULD BE LOOKING FOR WHICH
WOULD INDICATE A PROBLEM:

1. _____
2. _____
3. _____

COURSE OF ACTION SCHOOL PERSONNEL SHOULD FOLLOW:

1. _____
2. _____
3. _____

TRAINED STAFF & DATE OF TRAINING:

Signature of Parent/Guardian _____

Student 504 Accommodation Plan - Sample Plan #1

Name: _____ Birth date: _____ Grade: _____
School: _____ Meeting Date: _____ Plan Coordinator: _____
In attendance: _____

Nature of concern: _____

Basis of determination of disability (if any): _____ none _____ physical/physiological _____ mental/psychological
Description of the basis for the determination of disability: _____

Major life activity substantially limited: _____

Reasonable, necessary accommodations

Issues to target	Action to be taken	Person responsible	When/Frequency	How know it's working	Results

Plan will be reviewed on (required): _____ by: _____ Plan will be given to: _____
Any funding or other resources (include source) needed to implement the plan: _____

Other support(s) necessary for those implementing this plan (including family members) to be successful in addressing the students needs: _____
